



VA Quality Scholars Fellowship Program Application Pre- and Post-Doctoral Fellowship for Nurses VA Greater Los Angeles Healthcare System

Dear applicant:

Use the following checklist to complete your application:

1. Return these items to the address below:
 - ☐ Fellowship Application (2 pages, copy attached)
 - ☐ Current Curriculum Vitae (separate sheets)
 - ☐ Description of any research activities undertaken (separate sheet)
 - ☐ An essay, not to exceed 2 typewritten pages, stating the following:
 - Quality Improvement/Research Interests
 - Reasons why you believe this type of program would best help you achieve these goals and objectives
2. Copy and deliver a “Confidential Reference Report” (3-page copy attached) to each reference. References should return the report directly to us as soon as possible. Applicants will not be interviewed before all reports have been received.

Please **fax** or **e-mail** completed applications.

Send to:

Deborah Delevan, MEd
Greater Los Angeles VA Quality Scholars Program
VA Greater Los Angeles Healthcare System

E-mail: Deborah.Delevan@va.gov

FAX: (818) 895-9578

Applications are accepted on an on-going basis. However, in order to ensure a July 1, 2015 start date, please submit this application in full by November 15, 2014.

Date of Application: Year applying for:

Name (first, middle, last):

Birthdate:

Permanent Address

Street

City

State

Zip

Current Mailing Address (if different than above)

Street

City

State

Zip

Phone number (home):

Cell/pager phone number:

Phone number (business):

e-mail address:

Educational Experience (including fellowships)

Name/Location

Dates of
Attendance

Degree

College(s)

Medical School

Internship

Residency

Fellowship

Other

Professional Employment Experience (list current position first)

Dates of
Employment

Position or Title

Employer and Location

Professional Licensure and Certification

License Number:

State:

Date obtained:

Other certification(s):

Do you foresee any problems in obtaining a California State license?

If yes, please explain:

References

List the names of **three** persons whom you have asked to send letters of recommendation. *We ask that residency program director and/or department chairperson provides one of your three references.*

It is your responsibility to assure that the completed reference forms are received before or shortly after we receive your application.

Name

Title

Address

CONFIDENTIAL REFERENCE REPORT (Page 1 of 3)

APPLICANT: Please complete this portion and fill in name at top of the reference report pages before presenting to your reference.

Name:

Address

Street

City

State

Zip

Phone number:

REFERENCE: The above-named applicant has listed you as a reference. We ask your cooperation in responding soon. All replies will be held in strict confidence. Please note that the completed form is not to be returned to the applicant but to the below address. Please keep a copy of your completed form and any accompanying letter you send.

You may fax or e-mail materials, but please follow-up with original signatures. Send to:

Deborah Delevan, MEd
Greater Los Angeles VA Quality Scholars Program
VA Greater Los Angeles Healthcare System (mailcode 152)
16111 Plummer Street
North Hills, CA 91343

Deborah.Delevan@va.gov

FAX: (818) 895-9578

1. **In the space below, please indicate the period of time you have known the applicant and in what capacity.**

CONFIDENTIAL REFERENCE REPORT (Page 2 of 3)

Applicant's Name:

- 2. Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant compared with a representative group of individuals you have known who have had approximately the same training and experience.**

| | Unable to judge | Below average (lowest 25%) | Average (26% - 75%) | Excellent (76% - 90%) | Outstanding (highest 10%) |
|---|-----------------|----------------------------|---------------------|-----------------------|---------------------------|
| Motivation | U | 1 | 2 | 3 | 4 |
| Industry/ perseverance | U | 1 | 2 | 3 | 4 |
| Initiative | U | 1 | 2 | 3 | 4 |
| Ability to meet deadlines | U | 1 | 2 | 3 | 4 |
| Maturity | U | 1 | 2 | 3 | 4 |
| Clinical ability | U | 1 | 2 | 3 | 4 |
| Interpersonal facility with peers | U | 1 | 2 | 3 | 4 |
| Interpersonal facility with patients | U | 1 | 2 | 3 | 4 |
| Demonstrated research skill | U | 1 | 2 | 3 | 4 |
| Potential research skill | U | 1 | 2 | 3 | 4 |
| Integrity | U | 1 | 2 | 3 | 4 |
| Judgment/ critical sense | U | 1 | 2 | 3 | 4 |
| Intellectual ability | U | 1 | 2 | 3 | 4 |
| Demonstrated originality | U | 1 | 2 | 3 | 4 |
| Potential productivity | U | 1 | 2 | 3 | 4 |
| Ability to Communicate (written) | U | 1 | 2 | 3 | 4 |
| Ability to Communicate (spoken) | U | 1 | 2 | 3 | 4 |
| Overall evaluation | U | 1 | 2 | 3 | 4 |

CONFIDENTIAL REFERENCE REPORT (Page 3 of 3)

Applicant's Name:

- Please elaborate on the applicant's performance on the basis of which you arrived at your assessments in the previous section. If possible, cite some specific illustration of the applicant's

performance. You may instead attach a letter if you wish.

| | | |
|------------------------|---------------------------|------|
| Signature of reference | Printed name of reference | Date |
|------------------------|---------------------------|------|

| | | |
|-------|-------------|--------------|
| Title | Institution | Phone number |
|-------|-------------|--------------|

Thank you for taking the time to provide your assessment of the applicant.

Note: Do NOT return this completed form to the applicant. Please send directly to the address on the first page of the Confidential Reference Report, keeping a copy for your records.